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AUTHOR Sander, Julie A.; Smith, Susan B.
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ABSTRACT

Life satisfaction in the elderly has long been an area of considerable interest to gerontologists, and with good reason. As the numbers of elderly increase in our society, a better understanding of the process and determinants of successful adaption will be beneficial. Given the traditional self-reliant and independent lifestyles valued by the rural elderly and the less rigid lifestyles of the urban elderly, life satisfaction in those rural elderly who are institutionalized would be expected to be lower than the independent rural and urban elderly and the institutionalized urban elderly. Forty-two rural elderly (21 of whom resided in nursing homes and 21 of whom were independent) and 55 urban elderly (18 of whom resided in nursing homes and 37 of whom were independent) completed the Life Satisfaction Index-A. Analysis indicated that the independent elderly displayed higher life satisfaction than the nursing home elderly. The urban elderly reported higher life satisfaction than did the rural elderly. Perhaps the urban elderly experience greater life satisfaction as the result of the more social and accessible nature of urban areas versus rural areas. The rural elderly are restricted by the limited availability of social support systems, accessibility to services, and leisure activities. The more independent and self-reliant environment valued by the rural elderly may account for their lowered life satisfaction. The urban elderly may adapt to growing old more successfully and retain a higher level of satisfaction due to a more flexible environment. (ABL)

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Life Satisfaction in Rural and Urban Elderly: Nursing Home and Independent

Julie A. Sander

Midwestern State University

Susan B. Smith

Texas Christian University

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Abstract

Given the traditional self-reliant and independent lifestyles valued by the rural elderly and the less rigid lifestyles of the urban elderly, life satisfaction in those rural elderly who are institutionalized would be expected to be lower than the independent rural and urban elderly and the institutionalized urban elderly. Forty-two rural elderly (21 nursing and 21 independent) and 55 urban elderly (18 nursing home and 37 independent) completed the Life Satisfaction Index-A (LSIA). An analysis of variance revealed a significant ($p < .01$)) residence main effect and a statistically nonsignificant ($p = .07$) main effect for location. Independent elderly displayed higher life satisfaction than nursing home elderly; and urban elderly reported higher life satisfaction than the rural elderly. More objective definitions and measurement devices are recommended.

Life Satisfaction in Rural and Urban Elderly:

Nursing Home and Independent

Life satisfaction in the elderly has long been an area of considerable interest to gerontologists, and with good reason. By the year 2030, 19% of the United States population will be 65 years or older (Taylor & Yesavage, 1984). Seemingly then, as the numbers of elderly increase in our society, a better understanding of the process and determinants of successful adaptation will be beneficial. Previous research (e.g., Edwards & Klemmack, 1973; Dillard, Campbell, & Chisolm, 1984; Riddick, 1985) has identified a number of factors which influence life satisfaction, such as education, health, and activity level. Although there is much support indicating that these factors influence one's life satisfaction, life satisfaction remains a rather subjective concept. Often times subjective well-being (Larson, 1978), psychological well-being (Bryant & Veroff, 1982), and in instances referred to as simply successful aging has been used interchangeably with life satisfaction. However, George (1986) defined life satisfaction as being a more long-term judgment than is happiness and mood. Happiness and mood are transitory, whereas life

satisfaction is more stable and cognitively based (George, 1986).

In addition, the environment contains a variety of factors (e.g., money, housing, available health care, accessibility) that influence one's adaptation to old age (Kasl & Rosenfield, 1980; Lawton, 1977, 1983). Rural elderly uphold a more traditional value system than their urban counterparts. The values held by the rural elderly include independence, self-reliance, freedom of choice, a sense of accomplishment, and political conservatism (Harbert & Wilkinson, 1979). On the other hand, the urban elderly tend to be more accepting of change and more liberal in their views toward life. Thus, the established lifestyles of the elderly contribute to their adaptation to old age and consequently their life satisfaction.

Growing old has generally been associated with increased dependency on others, a subsequent decline in participation within the society, and lowered life satisfaction (Cavan, Burgess, Havighurst, & Goldhammer, 1949; Cottrell, 1942; Jeffers & Nichols, 1961; Lowenthal & Bolar, 1965). The urban elderly hold the belief that they are entitled to government and social services (Auerbach, 1974), while the rural elderly perceive these services as an encroachment on their

independence (Harbert & Wilkinson, 1979). Even though growing old often reduces the rural elderlys' resources, their traditional values remain invariant (Harbert & Wilkinson, 1979). The disparate values held by the rural and urban elderly would suggest differences in their life satisfaction.

Previous studies that have compared the life satisfaction levels of rural and urban elderly have demonstrated inconsistent results. Hynson (1975) reported the rural elderly to be more satisfied with their communities and themselves. In contrast, Pihlblad and McNamara (1965) reported that the rural elderly experience isolation from relatives and friends which, leading to a decrease in life satisfaction. In contrast, Donnenwerth, Guy, and Norvell (1978) also reported that urban elderly may have less rather than more interaction with relatives and friends, resulting in lowered life satisfaction.

Due to the inconsistencies reported in previous research (e.g., Hynson, 1975; Pihlblad & McNamara, 1965; Donnenwerth, Guy, & Norvell, 1978) and the differing lifestyles of rural and urban populations, one would also expect differences between rural and urban elderly in nursing homes. Institutionalizing the elderly has generally exacerbated the deterioration of

psychological functioning, including a loss of sense of self, reduced cognitive functioning, and lowered emotional responsivity (Lieberman, Prock, & Tobin, 1968). However, a most recent study comparing life satisfaction between nursing home and independent elderly by Vallerand, O'Connor, and Blais (1989), reports that institutionalization does not influence life satisfaction directly but rather through environmental factors which are associated with institutionalization. Levels of life satisfaction among rural and urban elderly residing either in nursing homes or living independently have yet to be systematically compared. Thus, given the traditional self-reliant and independent environment valued by the rural elderly and the less rigid environment of the urban elderly, those rural elderly who are institutionalized would be expected to report lower life satisfaction than either the institutionalized or independent urban elderly.

Method

Subjects

Twenty-one nursing home, rural elderly with a mean age of 88 years and 21 independent, rural elderly with a mean age of 73 years living in two small midwestern towns (30,000 or under, with primarily agricultural

backgrounds) volunteered to participate in the present study. The nursing home, rural elderly sample consisted of 5 males and 16 females; the independent, rural elderly sample consisted of 7 males and 14 females. Demographic comparisons reveal the close similarity of these two groups. For example, all but two nursing home females and one independent male reported having average or above health. The nursing home group consisted of 18 widowed, 2 divorced, and 1 never married individuals, whereas 11 widowed, 9 married, and 1 no-response subjects belonged to the independent group. Of the institutionalized, rural group, 7 completed eighth grade, 8 completed high school, and 6 completed college. For the independent, rural subjects, 6 completed eighth grade, 6 completed high school, and 9 completed college.

Eighteen nursing home, urban elderly with a mean age of 83 years and 37 independent, urban elderly with a mean age of 73 years living in two metropolitan areas (100,000 or above) also volunteered to participate in the present study. The nursing home, urban elderly sample consisted of 4 males and 14 females; the independent, urban elderly sample consisted of 5 males and 32 females. Demographic comparisons also reveal the close similarity of these two groups. All but

three females in the nursing home sample and one independent female reported having average or above health. The nursing home group consisted of 15 widowed and 3 married individuals, whereas 23 widowed, 11 married, 2 never married, and 1 no-response subjects belonged to the independent group. Of the institutionalized, urban group, 3 completed eighth grade, 5 completed high school, and 10 completed college. For the independent, urban group, 4 completed eighth grade, 15 completed high school, 17 completed college, and 1 no-response.

Materials

Life satisfaction was measured using the Life Satisfaction Index-A (LSIA), developed by Neugarten, Havighurst, and Tobin (1961). The LSIA consists of 20 items which are each rated on a Likert scale form. The test-retest reliability coefficient of correlation of the LSIA is .78, and for validity the LSIA correlates

(Neugarten et al., 1961).

Design and Procedure

Each subject represented one of four treatment conditions resulting from a 2 (Residence: nursing home or independent) x 2 (Location: rural or urban) between subjects quasi-experimental design. The subjects were

individually interviewed by either a 24 or 48 year old white female experimenter who administered the LSIA and recorded the responses. Each subject was required to read and sign a consent form and to complete a brief biographical survey.

Results

A 2 (Residence: nursing home or independent) x 2 (Location: rural or urban) analysis of variance was performed on the LSIA scores. Residence, F (1,93) = 6.31, $p < .01$ yielded a significant main effect. Location, F (1,93) = 3.38, $p = .07$ failed to yield a significant main effect. Likewise, the residence x location interaction failed to approach significance, F (1,93) = 1.13, $p = .29$. Independent rural (M = 13.81) and urban elderly (M = 14.65) experienced greater life satisfaction than nursing home rural (M = 10.48) and urban (M = 13.94). Overall, the urban elderly (M = 14.42) experienced greater life satisfaction than the rural elderly (M = 12.14). These results are graphically presented in Figure 1.

Insert Figure 1 about here

Discussion

The present data do not support the premise that

the nursing home, rural elderly experience lower life satisfaction than their urban counterparts and both rural and urban independent elderly. However, although not statistically significant, the rural elderly residing in nursing homes did exhibit lower life satisfaction than any of the other groups. Furthermore, both the independent and nursing home, urban elderly displayed greater life satisfaction than did their rural counterparts.

Perhaps the urban elderly do, in fact, experience greater life satisfaction as the result of an urban area being more social and accessible in nature. Whereas, the rural elderly are restricted by the limited availability of social support systems, accessibility to services, and leisure activities (Youmans, 1977). In addition, the more independent and self-reliant environment valued by the rural elderly may account for their lowered life satisfaction in that, although their traditional values remain constant, resources become more restricted in later life. The urban elderly may adapt to growing old more successfully and retain a higher level of life satisfaction due to a more flexible environment with more accessibility to and acceptance of government social services.

While the differences that exist between the rural and urban elderly and the institutionalized and independent elderly are not easily defined, it is evident that differences do exist and may contribute to the differing life satisfaction levels revealed in the present study. Future research in the area is needed to more precisely define the differences existing between the rural and urban aged that account for varying life satisfaction levels. Furthermore, life satisfaction, rural, and urban are rather subjective concepts; more objective approaches and definitions developed to measure these concepts and any interactions that may exist between them would be useful.

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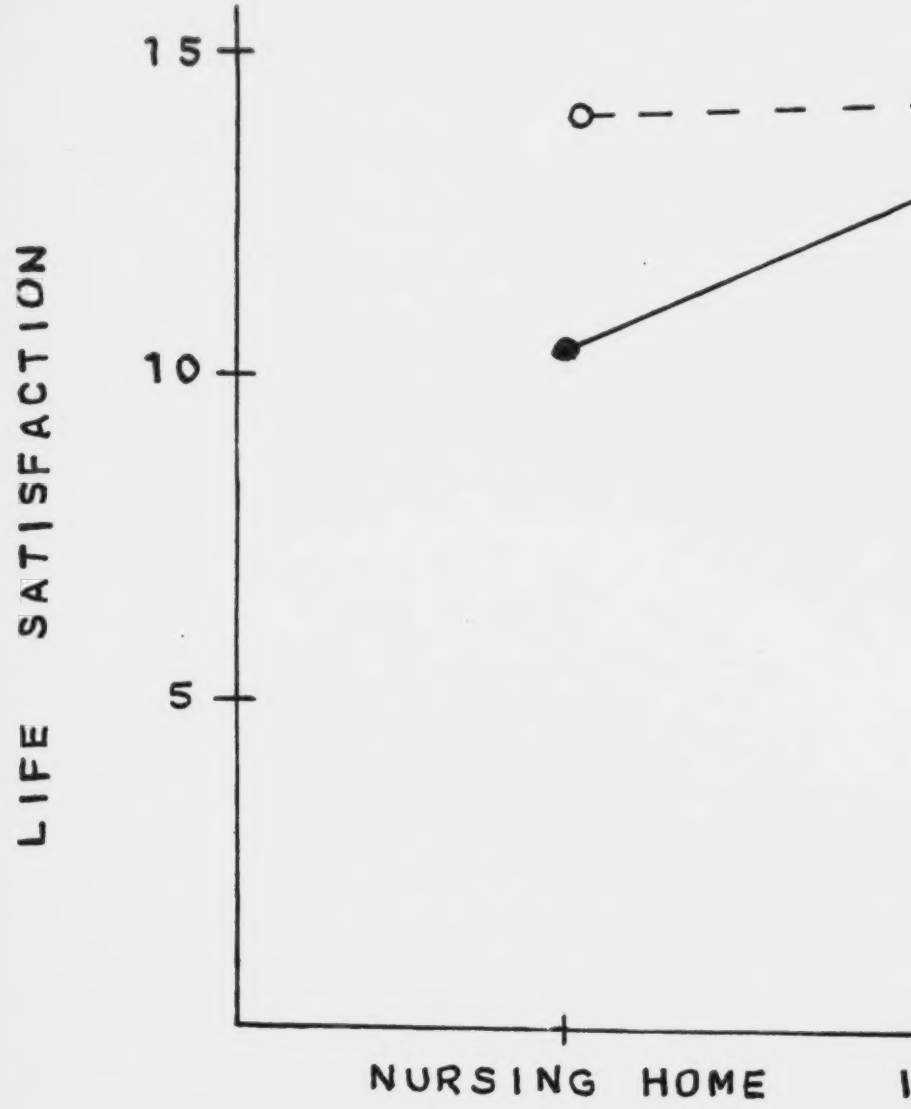
Figure Caption

Figure 1. Residence x location interaction.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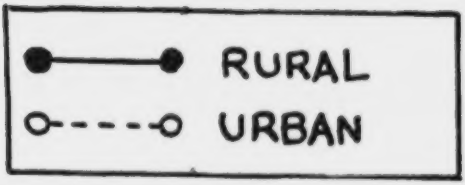

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